

Department of Criminal Justice Services, 202 North Ninth Street, Richmond, Virginia 23219 Attachment 8

Grant Program:	Victim/Witness Grant Program <input type="checkbox"/> FY2007 <input type="checkbox"/> FY2008		
Applicant:			
Jurisdiction(s) Served:			
Program Sponsor			
Program Title:			
Grant Period:	<input type="checkbox"/> July 1, 2006 - June 30, 2007 <input type="checkbox"/> July 1, 2007 – June 30, 2008		
Type of Application:	<input type="checkbox"/> Continuation of Grant Number:		
Project Director		Project Administrator	Finance Officer
Name:			
Title:			
Address:			
Phone:			
Fax:			
E-mail:			
Signature of Project Administrator:			
Brief Project Description:			
Project Budget Summary		DCJS Funds	
	Federal 80%	State 20%	Total
Personnel	\$	\$	\$
Consultants	\$NA	\$NA	\$NA
Travel/Subsistence	\$	\$	\$
Equipment	\$	\$	\$
Indirect Costs	\$NA	\$NA	\$NA
Supplies/Other Operating Expenses	\$	\$	\$
Totals:	\$	\$	\$
Grand Total: \$			

B. Budget Category Itemization				DCJS FUNDS		
1. Personnel/Employees						
a. Names of Employees	Position Titles	Annual Salary Rate	Hours Devoted	FEDERAL 80%	STATE 20%	TOTAL
TOTAL:						
b. Fringe Benefits						
FICA % =						
Retirement =						
Other (itemize) =						
TOTAL:						
TOTAL PERSONNEL (a + b):						
2. Consultants						
a. Individual Consultants Type:						
Hours Devoted:						
TOTAL:						
b. Organizations & Associations						
Type:						
Fee:						
Time Devoted:						
TOTAL:						
c. Consultants' Subsistence and Travel						
Number of Days:						
Rate/Day:						
TOTAL:						
TOTAL CONSULTANTS (a + b + c)				NA	NA	NA
3. Travel and Subsistence for Project Personnel						
a. Local Mileage _____ X _____ per mile						
b. Non-local Miles _____ X _____ per mile						
c. Subsistence _____ days X _____ per day						
d. Air or other fares _____						
TOTAL TRAVEL:						

4. Equipment				DCJS FUNDS		
Type	Quantity	Unit Price	Purchase or Rental	FEDERAL 80%	STATE 20%	TOTAL
TOTAL EQUIPMENT:						
5. Supplies and Other Expenses						
Type	Quantity	Price				
TOTAL SUPPLIES AND OTHER:						
6. Indirect Costs						
TOTAL INDIRECT COST:			N/A	N/A	N/A	
GRAND TOTAL:						
Cash funds from sources other than grant program supporting this project - (itemize). (Do not add to requested Project Budget Summary accounts.)						
TOTAL:						